Committee Name:			
Guns for Freedom			
If registered, FEC ID:			
Today's Date:			
11/17/2015			
Federal Election Commission			
999 E Street, N.W.			
Washington, D.C. 20463			
Re: Form 1, Statement of Organization—Unlimited Contributions			

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

// Treasurer's Name:

Ulysses Gonzalez

, Treasurer

2015 - 12 - 01 - 03 - 000M4041

FEC FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAIL CENTER

2015 DEC -1 AM 7: 56

			Office Use Only		
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5		
GIUINIS IFIOR IF	REEDONI I				
ADDRESS (number and street)	P101 B101X1 15141	<u>6 </u>			
(Check if address is changed)					
	CITY A		CA 9,2,2,5,6 - ZIP CODE ▲		
COMMITTEE'S E-MAIL ADDRI	ESS				
(Check if address is changed)	lgififisivipieiripi	OIC @gmail Juc	101m; 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Optional Second E-Mail Add	•			
(Check if address is changed)	<u> </u>	eleidioim.i Cioim			
2. DATE 1 2	3 2015				
3. FEC IDENTIFICATION NUMBER ▶ C					
4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)					
I certify that I have examined	this Statement and to the best	of my knowledge and belief it	is true, correct and complete.		
Type or Print Name of Treasur	er Ulysses Gon	zalez			
Signature of Treasurer	4 y		Date 1 2 3 20 5		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.					
Office Use Only		For further information of Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100			

FEC Form 1 (Revised 02/2009)	Page 2			
TYPE OF COMMITTEE Candidate Committee:				
(a) This committee is a principal campaign committee. (Complete the candidate information	below.)			
This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Name of Candidate				
Candidate Office Party Affiliation Sought: House Senate President	State dent District			
(c) This committee supports/opposes only one candidate, and is NOT an authorized commit	tee.			
Name of Candidate				
Party Committee:				
(National, State (d) This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Political Action Committee (PAC):				
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.)	Its connected organization is a:			
Corporation Corporation w/o Capital Stock	Labor Organization			
Membership Organization Trade Association	Cooperative			
In addition, this committee is a Lobbyist/Registrant PAC.				
(f) This committee supports/opposes more than one Federal candidate, and is NOT a sepa committee. (i.e., nonconnected committee)	trate segregated fund or party			
In addition, this committee is a Lobbyist/Registrant PAC.				
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint Fundraising Representative:				
(g) This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, at least one of which is an authorized committee of a federal cand				
(h) This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, none of which is an authorized committee of a federal candidate.	s for two or more political			
Committees Participating in Joint Fundraiser				
1. [
2. FEC ID number C				
3. FEC ID number C				
4. FEC ID number C				

1	Write or Type Committee Name			
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor	_		
1		ļ		
-		_		
_	Mailing Address	_		
		1		
		<u>د</u> ا		
	CITY STATE ZIP CODE	ر		
	Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponso	17		
	Trotationship. The opening trotation of the control	•		
· .	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.			
	14.5.			
	Full Name ARMIANIDIO CARMIONIA	ل		
	Mailing Address S171011 1N1 1Stherridan Rid 1Aprt 12151B1 1 1 1 1 1	ل		
	\.\.\.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ا		
	Chicago IIII LIL 61061610-LIII	ل		
	Title or Position CITY STATE ZIP CODE			
•	Rieicioirid ikeieipeiri IIII Telephone number [7,7,3]-17,26-9,416,5	1		
3.	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).	-		
	Full Name of Treasurer LULIYISISIEIS IGIOINI2IAILIEIZ	ل		
	Mailing Address 813141610 IIIx Hapa Rid IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	_		
		ل		
	[Coachella 1 CA 91212136]-			
	CITY STATE ZIP CODE Title or Position			
	Treasurier 7,60-989-3,391	╛		

FEC Form 1 (Revised 02/2009)

FEC Form	1 (Revised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
	Telephone i	number	
	pepositories: List all banks or other depositories in which the common maintains funds. Spository, etc.	mittee deposits	funds, holds accounts, rents
L	Bank of America		
Mailing Address	813101171 Avie 4181 1111		
	Ciolachellla	CA	19,2,2,3,6-
	CITY	STATE	ZIP CODE
Name of Bank, De	pository, etc.		
l			
Mailing Address			
		لـــا	
	CITY	STATE	ZIP CODE

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	Postmark Illegible			
	No Postmark			
	Overnight Delivery Service (Specify):	Shipping Date		
	Next Bus	iness Day Delivery		
	Received from House Records & Registration Office	Date of Receipt		
	Received from Senate Public Records Office	Date of Receipt		
	Received from Electronic Filing Office	Date of Receipt		
	Other (Specify):	of Receipt or Postmarked		
F	PREPARER () ()	/2/1//S		
	3/2015)	DATE I REI ARED		